

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90210 042 \*\*\*150.00

DOCUMENT # **460698**

1. Entity Name

Leon Iron and Metal, Inc.



**90090809**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1351 Aeon Church Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Tallahassee, FL

City & State

4. FEI Number **59-1623393**

Applied For  
Not Applicable

Zip  
32304

Country  
Leon

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Marc D. Friedman**

Street Address (P.O. Box Number is Not Acceptable)

**1351 Aeon Church Road**

City **Tallahassee**

**FL**

Zip Code  
**32304**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**Frank J. Mercer, CPA, CFP**

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1, Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State.**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PCEO, Friedman, Marc D.	1351 Aeon Church Road	Tallahassee, FL 32304				
	VP, Davie, Rick	1351 Aeon Church Road	Tallahassee, FL 32304				
	T, Gingery, Pride	1351 Aeon Church Road	Tallahassee, FL 32304				

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]* **4-11-03** **8505755000**

CR2E03-B (12/02)